


FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000003603</b>					
1. Corporation Name <b>TRANSFORMATION HOUSE, INC.</b>					
Principal Place of Business <b>735 LAUREL DRIVE LAKE PARK FL 33403 US</b>			Mailing Address <b>735 LAUREL DRIVE LAKE PARK FL 33403 US</b>		

FILED

99 JAN 29 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/06/1993</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0437635</b>	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>WILLIAM H. LEITCH 735 LAUREL DRIVE LAKE PARK FL 33403</b>				10. Name and Address of New Registered Agent			
				81	Name <b>CHARLES KLINE, ESQ</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>831 N. DIXIE Hwy</b>		
				83			
				84	City <b>LAKE WORTH</b>	FL	85 Zip Code <b>33460</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [Signature] DATE 1/19/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEITCH, WILLIAM A.			12 NAME	LEDBETTER, STEVE		
STREET ADDRESS	4325 GARDENIA DRIVE			13 STREET ADDRESS	725 13th STREET		
CITY-ST-ZIP	PALM BEACH GARDENS FL			14 CITY-ST-ZIP	LAKE PARK, FL 33403		
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEDBETTER, STEVE			22 NAME	ANDERSON, RUSSELL M.		
STREET ADDRESS	711 LAURA DRIVE			23 STREET ADDRESS	701 NORTH POINTE PKWY., Ste. 300		
CITY-ST-ZIP	LAKE PARK FL			24 CITY-ST-ZIP	WEST PALM BEACH, FL 33407		
TITLE	D	<input type="checkbox"/> DELETE		31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, DAN			32 NAME	HANZEL, RICH		
STREET ADDRESS	274 BAY BERRY DR			33 STREET ADDRESS	206 JONES CREEK DR.		
CITY-ST-ZIP	LAKE WORTH FL 33403			34 CITY-ST-ZIP	JUPITER, FL 33458		
TITLE	D	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARNER, PENNY			42 NAME			
STREET ADDRESS	1012 MANOR DRIVE			43 STREET ADDRESS			
CITY-ST-ZIP	PALM SPRINGS FL			44 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVINO, MIKE			52 NAME			
STREET ADDRESS	13419 76TH RD. N.			53 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			54 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEED, TOM			62 NAME			
STREET ADDRESS	434 TEQUESTA DR			63 STREET ADDRESS			
CITY-ST-ZIP	TEQUESTA FL 33469			64 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 1/19/99 (561) 848-0575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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